



2019-2020 Illinois AmeriCorps*State Member Slot Conversion

Program requesting: _____

Program Officer Name requesting: _____

Date of Request: _____

Current Member Slots requesting Conversion:

____ FT ____ RFT ____ HT ____ RHT ____ QT ____ MT

Requesting conversion to:

____ FT ____ RFT ____ HT ____ RHT ____ QT ____ MT

MSY Conversion:	FT= 1	RFT = 0.70000000
	HT= .5	RHT= 0.3809524
	QT= 0.26455027	MT= 0.21164022

Program Director's Signature

Date

For SIC Program Officer:

Approved and Completed by:

SIC Program Officer's Signature

Date

Date Conversion Completed in eGrants: _____